

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300060A
PAYMENT ISSUE DATE: 9/27/2013

ALAMEDA COUNTY TREASURER
1221 OAK STREET

OAKLAND CA 94612

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2013 TO: 9/15/2013

Total amount collected:	\$218,059,225.29	Percentage of collection:	0.11824948
Gross monthly apportionment:	\$25,785,390.00	County/City Ratio:	0.03911791

Gross Claim	\$	1,008,670.57
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,008,670.57
YTD Amount:	\$	1,008,670.57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300060A
PAYMENT ISSUE DATE: 9/27/2013

ALPINE COUNTY TREASURER
PO BOX 217

MARKLEEVILLE CA 96120

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2013 TO: 9/15/2013

Total amount collected:	\$218,059,225.29	Percentage of collection:	0.11824948
Gross monthly apportionment:	\$25,785,390.00	County/City Ratio:	0.00010612

Gross Claim	\$	2,736.35
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,736.35
YTD Amount:	\$	2,736.35

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300060A
PAYMENT ISSUE DATE: 9/27/2013

AMADOR COUNTY TREASURER
810 COURT STREET

JACKSON CA 95642

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2013 TO: 9/15/2013

Total amount collected:	\$218,059,225.29	Percentage of collection:	0.11824948
Gross monthly apportionment:	\$25,785,390.00	County/City Ratio:	0.00132860

Gross Claim	\$	34,258.47
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	34,258.47
YTD Amount:	\$	34,258.47

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300060A

PAYMENT ISSUE DATE: 9/27/2013

BUTTE COUNTY TREASURER

25 COUNTY CENTER DR

OROVILLE CA

95965

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2013 TO: 9/15/2013

Total amount collected:	\$218,059,225.29	Percentage of collection:	0.11824948
Gross monthly apportionment:	\$25,785,390.00	County/City Ratio:	0.00893807

Gross Claim	\$	230,471.62
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	230,471.62
YTD Amount:	\$	230,471.62

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300060A

PAYMENT ISSUE DATE: 9/27/2013

CALAVERAS COUNTY TREASURER
GOVERNMENT CENTER

SAN ANDREAS CA 95249

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2013 TO: 9/15/2013

Total amount collected:	\$218,059,225.29	Percentage of collection:	0.11824948
Gross monthly apportionment:	\$25,785,390.00	County/City Ratio:	0.00136297

Gross Claim	\$	35,144.71
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	35,144.71
YTD Amount:	\$	35,144.71

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300060A

PAYMENT ISSUE DATE: 9/27/2013

COLUSA COUNTY TREASURER

546 JAY ST

COLUSA CA

95932

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2013 TO: 9/15/2013

Total amount collected:	\$218,059,225.29	Percentage of collection:	0.11824948
Gross monthly apportionment:	\$25,785,390.00	County/City Ratio:	0.00106887

Gross Claim	\$	27,561.23
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	27,561.23
YTD Amount:	\$	27,561.23

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300060A

PAYMENT ISSUE DATE: 9/27/2013

CONTRA COSTA COUNTY TREASURER

625 COURT ST RM 102

MARTINEZ CA

94553

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2013 TO: 9/15/2013

Total amount collected:	\$218,059,225.29	Percentage of collection:	0.11824948
Gross monthly apportionment:	\$25,785,390.00	County/City Ratio:	0.02011996

Gross Claim	\$	518,801.02
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	518,801.02
YTD Amount:	\$	518,801.02

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P O BOX 942850, SACRAMENTO, CA 94250-0001

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PAYMENT ISSUE DATE: 9/27/2013

DEL NORTE COUNTY TREASURER

981 H ST STE 150

CRESCENT CITY CA 95531

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2013 TO: 9/15/2013

Total amount collected:	\$218,059,225.29	Percentage of collection:	0.11824948
Gross monthly apportionment:	\$25,785,390.00	County/City Ratio:	0.00127154

Gross Claim	\$	32,787.15
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	32,787.15
YTD Amount:	\$	32,787.15

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PAYMENT ISSUE DATE: 9/27/2013

EL DORADO COUNTY TREASURER

360 FAIR LANE

PLACERVILLE CA

95667

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2013 TO: 9/15/2013

Total amount collected:	\$218,059,225.29	Percentage of collection:	0.11824948
Gross monthly apportionment:	\$25,785,390.00	County/City Ratio:	0.00494732

Gross Claim	\$	127,568.58
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	127,568.58
YTD Amount:	\$	127,568.58

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300060A

PAYMENT ISSUE DATE: 9/27/2013

FRESNO COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA

95812

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2013 TO: 9/15/2013

Total amount collected: \$218,059,225.29 **Percentage of collection:** 0.11824948

Gross monthly apportionment: \$25,785,390.00 **County/City Ratio:** 0.02544470

Gross Claim	\$	656,101.51
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	656,101.51
YTD Amount:	\$	656,101.51

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P O BOX 942850, SACRAMENTO, CA 94250-0001

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CLAIM SCHEDULE NUMBER: 1300060A

PAYMENT ISSUE DATE: 9/27/2013

GLENN COUNTY TREASURER
516 WEST SYCAMORE STREET

WILLOWS CA 95988

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2013 TO: 9/15/2013

Total amount collected:	\$218,059,225.29	Percentage of collection:	0.11824948
Gross monthly apportionment:	\$25,785,390.00	County/City Ratio:	0.00122313

Gross Claim	\$	31,538.88
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	31,538.88
YTD Amount:	\$	31,538.88

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P O BOX 942850, SACRAMENTO, CA 94250-0001

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PAYMENT ISSUE DATE: 9/27/2013

HUMBOLDT COUNTY TREASURER

825 FIFTH STREET ROOM 125

EUREKA CA

95501

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2013 TO: 9/15/2013

Total amount collected:	\$218,059,225.29	Percentage of collection:	0.11824948
Gross monthly apportionment:	\$25,785,390.00	County/City Ratio:	0.00862799

Gross Claim	\$	222,476.09
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	222,476.09
YTD Amount:	\$	222,476.09

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P O BOX 942850, SACRAMENTO, CA 94250-0001

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CLAIM SCHEDULE NUMBER: 1300060A

PAYMENT ISSUE DATE: 9/27/2013

IMPERIAL COUNTY TREASURER

940 WEST MAIN STREET

EL CENTRO CA

92243 2863

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2013 TO: 9/15/2013

Total amount collected:	\$218,059,225.29	Percentage of collection:	0.11824948
Gross monthly apportionment:	\$25,785,390.00	County/City Ratio:	0.00880356

Gross Claim	\$	227,003.23
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	227,003.23
YTD Amount:	\$	227,003.23

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CLAIM SCHEDULE NUMBER: 1300060A

PAYMENT ISSUE DATE: 9/27/2013

INYO COUNTY TREASURER

P O BOX O

INDEPENDENCE CA

93526

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2013 TO: 9/15/2013

Total amount collected:	\$218,059,225.29	Percentage of collection:	0.11824948
Gross monthly apportionment:	\$25,785,390.00	County/City Ratio:	0.00165903

Gross Claim	\$	42,778.74
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	42,778.74
YTD Amount:	\$	42,778.74

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KERN COUNTY TREASURER

PO BOX 981240

SACRAMENTO CA

95798 1240

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2013 TO: 9/15/2013

Total amount collected:	\$218,059,225.29	Percentage of collection:	0.11824948
Gross monthly apportionment:	\$25,785,390.00	County/City Ratio:	0.01721219

Gross Claim	\$	443,823.03
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	443,823.03
YTD Amount:	\$	443,823.03

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300060A

PAYMENT ISSUE DATE: 9/27/2013

KINGS COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA

95812 1406

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2013 TO: 9/15/2013

Total amount collected:	\$218,059,225.29	Percentage of collection:	0.11824948
Gross monthly apportionment:	\$25,785,390.00	County/City Ratio:	0.00445852

Gross Claim	\$	114,964.68
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	114,964.68
YTD Amount:	\$	114,964.68

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300060A

PAYMENT ISSUE DATE: 9/27/2013

LAKE COUNTY TREASURER

255 NORTH FORBES ST RM 215

LAKEPORT CA

95453

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2013 TO: 9/15/2013

Total amount collected:	\$218,059,225.29	Percentage of collection:	0.11824948
Gross monthly apportionment:	\$25,785,390.00	County/City Ratio:	0.00199460

Gross Claim	\$	51,431.54
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	51,431.54
YTD Amount:	\$	51,431.54

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300060A

PAYMENT ISSUE DATE: 9/27/2013

LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2013 TO: 9/15/2013

Total amount collected:	\$218,059,225.29	Percentage of collection:	0.11824948
Gross monthly apportionment:	\$25,785,390.00	County/City Ratio:	0.00134019

Gross Claim	\$	34,557.32
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	34,557.32
YTD Amount:	\$	34,557.32

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300060A

PAYMENT ISSUE DATE: 9/27/2013

LOS ANGELES COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA

95812

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2013 TO: 9/15/2013

Total amount collected:	\$218,059,225.29	Percentage of collection:	0.11824948
Gross monthly apportionment:	\$25,785,390.00	County/City Ratio:	0.31055683

Gross Claim	\$	8,007,828.96
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	8,007,828.96
YTD Amount:	\$	8,007,828.96

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300060A

PAYMENT ISSUE DATE: 9/27/2013

MADERA COUNTY TREASURER

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2013 TO: 9/15/2013

Total amount collected:	\$218,059,225.29	Percentage of collection:	0.11824948
Gross monthly apportionment:	\$25,785,390.00	County/City Ratio:	0.00444444

Gross Claim	\$	114,601.62
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	114,601.62
YTD Amount:	\$	114,601.62

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300060A

PAYMENT ISSUE DATE: 9/27/2013

MARIN COUNTY TREASURER

PO BOX 4220

CIVIC CENTER

SAN RAFAEL CA

94913

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2013 TO: 9/15/2013

Total amount collected:	\$218,059,225.29	Percentage of collection:	0.11824948
Gross monthly apportionment:	\$25,785,390.00	County/City Ratio:	0.00978122

Gross Claim	\$	252,212.57
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	252,212.57
YTD Amount:	\$	252,212.57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300060A

PAYMENT ISSUE DATE: 9/27/2013

MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA CA

95338

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2013 TO: 9/15/2013

Total amount collected:	\$218,059,225.29	Percentage of collection:	0.11824948
Gross monthly apportionment:	\$25,785,390.00	County/City Ratio:	0.00071281

Gross Claim	\$	18,380.08
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	18,380.08
YTD Amount:	\$	18,380.08

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300060A

PAYMENT ISSUE DATE: 9/27/2013

MENDOCINO COUNTY TREASURER

501 LOW GAP RD 1060

UKIAH CA

95482

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2013 TO: 9/15/2013

Total amount collected:	\$218,059,225.29	Percentage of collection:	0.11824948
Gross monthly apportionment:	\$25,785,390.00	County/City Ratio:	0.00285164

Gross Claim	\$	73,530.65
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	73,530.65
YTD Amount:	\$	73,530.65

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300060A

PAYMENT ISSUE DATE: 9/27/2013

MERCED COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 981311

WEST SACRAMENTO 95798-1311

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2013 TO: 9/15/2013

Total amount collected:	\$218,059,225.29	Percentage of collection:	0.11824948
Gross monthly apportionment:	\$25,785,390.00	County/City Ratio:	0.00629714

Gross Claim	\$	162,374.21
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	162,374.21
YTD Amount:	\$	162,374.21

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300060A

PAYMENT ISSUE DATE: 9/27/2013

MODOC COUNTY TREASURER

204 COURT ST RM 101

ALTURAS CA 96101

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2013 TO: 9/15/2013

Total amount collected:	\$218,059,225.29	Percentage of collection:	0.11824948
Gross monthly apportionment:	\$25,785,390.00	County/City Ratio:	0.00079121

Gross Claim	\$	20,401.66
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	20,401.66
YTD Amount:	\$	20,401.66

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300060A

PAYMENT ISSUE DATE: 9/27/2013

MONO COUNTY TREASURER

P O BOX 495

BRIDGEPORT CA

93517

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2013 TO: 9/15/2013

Total amount collected:	\$218,059,225.29	Percentage of collection:	0.11824948
Gross monthly apportionment:	\$25,785,390.00	County/City Ratio:	0.00114139

Gross Claim	\$	29,431.19
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	29,431.19
YTD Amount:	\$	29,431.19

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300060A

PAYMENT ISSUE DATE: 9/27/2013

MONTEREY COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA

95812 1406

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2013 TO: 9/15/2013

Total amount collected:	\$218,059,225.29	Percentage of collection:	0.11824948
Gross monthly apportionment:	\$25,785,390.00	County/City Ratio:	0.00812079

Gross Claim	\$	209,397.74
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	209,397.74
YTD Amount:	\$	209,397.74

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300060A

PAYMENT ISSUE DATE: 9/27/2013

NAPA COUNTY TREASURER

1195 THIRD STREET ROOM 108

NAPA CA

94559 3035

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2013 TO: 9/15/2013

Total amount collected:	\$218,059,225.29	Percentage of collection:	0.11824948
Gross monthly apportionment:	\$25,785,390.00	County/City Ratio:	0.00419177

Gross Claim	\$	108,086.42
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	108,086.42
YTD Amount:	\$	108,086.42

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300060A

PAYMENT ISSUE DATE: 9/27/2013

NEVADA COUNTY TREASURER

PO BOX 128

NEVADA CITY CA

95959

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2013 TO: 9/15/2013

Total amount collected:	\$218,059,225.29	Percentage of collection:	0.11824948
Gross monthly apportionment:	\$25,785,390.00	County/City Ratio:	0.00269975

Gross Claim	\$	69,614.11
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	69,614.11
YTD Amount:	\$	69,614.11

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300060A

PAYMENT ISSUE DATE: 9/27/2013

ORANGE COUNTY TREASURER

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2013 TO: 9/15/2013

Total amount collected:	\$218,059,225.29	Percentage of collection:	0.11824948
Gross monthly apportionment:	\$25,785,390.00	County/City Ratio:	0.06443975

Gross Claim	\$	1,661,604.09
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,661,604.09
YTD Amount:	\$	1,661,604.09

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300060A

PAYMENT ISSUE DATE: 9/27/2013

PLACER COUNTY TREASURER

2976 RICHARDSON DRIVE

AUBURN CA

95603

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2013 TO: 9/15/2013

Total amount collected:	\$218,059,225.29	Percentage of collection:	0.11824948
Gross monthly apportionment:	\$25,785,390.00	County/City Ratio:	0.00380642

Gross Claim	\$	98,150.02
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	98,150.02
YTD Amount:	\$	98,150.02

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300060A

PAYMENT ISSUE DATE: 9/27/2013

PLUMAS COUNTY TREASURER

PO BOX 176

QUINCY CA

95971

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2013 TO: 9/15/2013

Total amount collected:	\$218,059,225.29	Percentage of collection:	0.11824948
Gross monthly apportionment:	\$25,785,390.00	County/City Ratio:	0.00113417

Gross Claim	\$	29,245.02
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	29,245.02
YTD Amount:	\$	29,245.02

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300060A

PAYMENT ISSUE DATE: 9/27/2013

RIVERSIDE COUNTY TREASURER

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO CA 95812 4035

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2013 TO: 9/15/2013

Total amount collected:	\$218,059,225.29	Percentage of collection:	0.11824948
Gross monthly apportionment:	\$25,785,390.00	County/City Ratio:	0.03289206

Gross Claim	\$	848,134.60
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	848,134.60
YTD Amount:	\$	848,134.60

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300060A

PAYMENT ISSUE DATE: 9/27/2013

SACRAMENTO COUNTY TREASURER

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2013 TO: 9/15/2013

Total amount collected:	\$218,059,225.29	Percentage of collection:	0.11824948
Gross monthly apportionment:	\$25,785,390.00	County/City Ratio:	0.03445504

Gross Claim	\$	888,436.64
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	888,436.64
YTD Amount:	\$	888,436.64

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300060A

PAYMENT ISSUE DATE: 9/27/2013

SAN BENITO COUNTY TREASURER

COURTHOUSE

440 FIFTH ST RM 107

HOLLISTER CA

95023

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2013 TO: 9/15/2013

Total amount collected:	\$218,059,225.29	Percentage of collection:	0.11824948
Gross monthly apportionment:	\$25,785,390.00	County/City Ratio:	0.00159151

Gross Claim	\$	41,037.71
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	41,037.71
YTD Amount:	\$	41,037.71

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300060A

PAYMENT ISSUE DATE: 9/27/2013

SAN BERNARDINO COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA

95812

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2013 TO: 9/15/2013

Total amount collected:	\$218,059,225.29	Percentage of collection:	0.11824948
Gross monthly apportionment:	\$25,785,390.00	County/City Ratio:	0.03996868

Gross Claim	\$	1,030,608.00
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,030,608.00
YTD Amount:	\$	1,030,608.00

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300060A

PAYMENT ISSUE DATE: 9/27/2013

SAN DIEGO COUNTY TREASURER

PO BOX 980304

WEST SACRAMENTO

95798 0304

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2013 TO: 9/15/2013

Total amount collected:	\$218,059,225.29	Percentage of collection:	0.11824948
Gross monthly apportionment:	\$25,785,390.00	County/City Ratio:	0.07799922

Gross Claim	\$	2,011,240.31
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,011,240.31
YTD Amount:	\$	2,011,240.31

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300060A

PAYMENT ISSUE DATE: 9/27/2013

SAN FRANCISCO COUNTY TREASURER

PO BOX 2920

SACRAMENTO

95814-2920

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2013 TO: 9/15/2013

Total amount collected:	\$218,059,225.29	Percentage of collection:	0.11824948
Gross monthly apportionment:	\$25,785,390.00	County/City Ratio:	0.05924516

Gross Claim	\$	1,527,659.56
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,527,659.56
YTD Amount:	\$	1,527,659.56

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300060A

PAYMENT ISSUE DATE: 9/27/2013

SAN JOAQUIN COUNTY TREASURER

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2013 TO: 9/15/2013

Total amount collected:	\$218,059,225.29	Percentage of collection:	0.11824948
Gross monthly apportionment:	\$25,785,390.00	County/City Ratio:	0.01529154

Gross Claim	\$	394,298.32
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	394,298.32
YTD Amount:	\$	394,298.32

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300060A

PAYMENT ISSUE DATE: 9/27/2013

SAN LUIS OBISPO COUNTY TREASURER

PO BOX 1149

SAN LUIS OBISPO CA

93406

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2013 TO: 9/15/2013

Total amount collected:	\$218,059,225.29	Percentage of collection:	0.11824948
Gross monthly apportionment:	\$25,785,390.00	County/City Ratio:	0.00459189

Gross Claim	\$	118,403.67
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	118,403.67
YTD Amount:	\$	118,403.67

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300060A

PAYMENT ISSUE DATE: 9/27/2013

SAN MATEO COUNTY TREASURER

C/O UNION BANK ST GOVT DEPT

PO BOX 4035

SACRAMENTO CA

95812

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2013 TO: 9/15/2013

Total amount collected:	\$218,059,225.29	Percentage of collection:	0.11824948
Gross monthly apportionment:	\$25,785,390.00	County/City Ratio:	0.01397274

Gross Claim	\$	360,292.55
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	360,292.55
YTD Amount:	\$	360,292.55

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300060A

PAYMENT ISSUE DATE: 9/27/2013

SANTA BARBARA COUNTY TREASURER

PO BOX 579

SANTA BARBARA CA

93102

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2013 TO: 9/15/2013

Total amount collected:	\$218,059,225.29	Percentage of collection:	0.11824948
Gross monthly apportionment:	\$25,785,390.00	County/City Ratio:	0.00838718

Gross Claim	\$	216,266.71
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	216,266.71
YTD Amount:	\$	216,266.71

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300060A

PAYMENT ISSUE DATE: 9/27/2013

SANTA CLARA COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA

95812

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2013 TO: 9/15/2013

Total amount collected:	\$218,059,225.29	Percentage of collection:	0.11824948
Gross monthly apportionment:	\$25,785,390.00	County/City Ratio:	0.03392573

Gross Claim	\$	874,788.18
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	874,788.18
YTD Amount:	\$	874,788.18

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300060A

PAYMENT ISSUE DATE: 9/27/2013

SANTA CRUZ COUNTY TREASURER

PO BOX 1817

SANTA CRUZ CA

95061

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2013 TO: 9/15/2013

Total amount collected:	\$218,059,225.29	Percentage of collection:	0.11824948
Gross monthly apportionment:	\$25,785,390.00	County/City Ratio:	0.00556855

Gross Claim	\$	143,587.23
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	143,587.23
YTD Amount:	\$	143,587.23

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300060A

PAYMENT ISSUE DATE: 9/27/2013

SHASTA COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA

95812 1859

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2013 TO: 9/15/2013

Total amount collected:	\$218,059,225.29	Percentage of collection:	0.11824948
Gross monthly apportionment:	\$25,785,390.00	County/City Ratio:	0.00771515

Gross Claim	\$	198,938.15
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	198,938.15
YTD Amount:	\$	198,938.15

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300060A

PAYMENT ISSUE DATE: 9/27/2013

SIERRA COUNTY TREASURER

PO BOX 376

DOWNIEVILLE CA

95936 0376

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2013 TO: 9/15/2013

Total amount collected:	\$218,059,225.29	Percentage of collection:	0.11824948
Gross monthly apportionment:	\$25,785,390.00	County/City Ratio:	0.00026776

Gross Claim	\$	6,904.30
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	6,904.30
YTD Amount:	\$	6,904.30

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300060A

PAYMENT ISSUE DATE: 9/27/2013

SISKIYOU COUNTY TREASURER

311 FOURTH ST RM 104

YREKA CA

96097

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2013 TO: 9/15/2013

Total amount collected:	\$218,059,225.29	Percentage of collection:	0.11824948
Gross monthly apportionment:	\$25,785,390.00	County/City Ratio:	0.00208334

Gross Claim	\$	53,719.73
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	53,719.73
YTD Amount:	\$	53,719.73

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300060A

PAYMENT ISSUE DATE: 9/27/2013

SOLANO COUNTY TREASURER TAX COLLECTOR

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2013 TO: 9/15/2013

Total amount collected:	\$218,059,225.29	Percentage of collection:	0.11824948
Gross monthly apportionment:	\$25,785,390.00	County/City Ratio:	0.01114865

Gross Claim	\$	287,472.29
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	287,472.29
YTD Amount:	\$	287,472.29

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300060A

PAYMENT ISSUE DATE: 9/27/2013

SONOMA COUNTY TREASURER

PO BOX 1204

SACRAMENTO CA

95812 1204

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2013 TO: 9/15/2013

Total amount collected:	\$218,059,225.29	Percentage of collection:	0.11824948
Gross monthly apportionment:	\$25,785,390.00	County/City Ratio:	0.01734410

Gross Claim	\$	447,224.38
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	447,224.38
YTD Amount:	\$	447,224.38

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300060A

PAYMENT ISSUE DATE: 9/27/2013

STANISLAUS COUNTY TREASURER

PO BOX 3052

MODESTO CA

95353 3052

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2013 TO: 9/15/2013

Total amount collected:	\$218,059,225.29	Percentage of collection:	0.11824948
Gross monthly apportionment:	\$25,785,390.00	County/City Ratio:	0.01168672

Gross Claim	\$	301,346.63
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	301,346.63
YTD Amount:	\$	301,346.63

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300060A

PAYMENT ISSUE DATE: 9/27/2013

SUTTER COUNTY TREASURER

PO BOX 546

YUBA CITY CA

95992

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2013 TO: 9/15/2013

Total amount collected:	\$218,059,225.29	Percentage of collection:	0.11824948
Gross monthly apportionment:	\$25,785,390.00	County/City Ratio:	0.00403600

Gross Claim	\$	104,069.83
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	104,069.83
YTD Amount:	\$	104,069.83

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300060A

PAYMENT ISSUE DATE: 9/27/2013

TEHAMA COUNTY TREASURER

PO BOX 1150

RED BLUFF CA

96080

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2013 TO: 9/15/2013

Total amount collected:	\$218,059,225.29	Percentage of collection:	0.11824948
Gross monthly apportionment:	\$25,785,390.00	County/City Ratio:	0.00274331

Gross Claim	\$	70,737.32
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	70,737.32
YTD Amount:	\$	70,737.32

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300060A

PAYMENT ISSUE DATE: 9/27/2013

TRINITY COUNTY TREASURER

PO BOX 1297

WEAVERVILLE CA

96093 1297

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2013 TO: 9/15/2013

Total amount collected:	\$218,059,225.29	Percentage of collection:	0.11824948
Gross monthly apportionment:	\$25,785,390.00	County/City Ratio:	0.00117460

Gross Claim	\$	30,287.52
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	30,287.52
YTD Amount:	\$	30,287.52

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300060A

PAYMENT ISSUE DATE: 9/27/2013

TULARE COUNTY TREASURER

COUNTY CIVIC CENTER RM 103E

221 SOUTH MOONEY BL

VISALIA CA

93291

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2013 TO: 9/15/2013

Total amount collected: \$218,059,225.29 **Percentage of collection:** 0.11824948

Gross monthly apportionment: \$25,785,390.00 **County/City Ratio:** 0.01120899

Gross Claim	\$	289,028.18
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	289,028.18
YTD Amount:	\$	289,028.18

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300060A

PAYMENT ISSUE DATE: 9/27/2013

TUOLUMNE COUNTY TREASURER

2 SOUTH GREEN ST

SONORA CA

95370

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2013 TO: 9/15/2013

Total amount collected:	\$218,059,225.29	Percentage of collection:	0.11824948
Gross monthly apportionment:	\$25,785,390.00	County/City Ratio:	0.00211074

Gross Claim	\$	54,426.25
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	54,426.25
YTD Amount:	\$	54,426.25

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300060A

PAYMENT ISSUE DATE: 9/27/2013

VENTURA COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO CA 95798 0307

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2013 TO: 9/15/2013

Total amount collected: \$218,059,225.29 **Percentage of collection:** 0.11824948

Gross monthly apportionment: \$25,785,390.00 **County/City Ratio:** 0.01334317

Gross Claim	\$	344,058.84
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	344,058.84
YTD Amount:	\$	344,058.84

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300060A

PAYMENT ISSUE DATE: 9/27/2013

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND CA

95695

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2013 TO: 9/15/2013

Total amount collected:	\$218,059,225.29	Percentage of collection:	0.11824948
Gross monthly apportionment:	\$25,785,390.00	County/City Ratio:	0.00370281

Gross Claim	\$	95,478.40
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	95,478.40
YTD Amount:	\$	95,478.40

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300060A

PAYMENT ISSUE DATE: 9/27/2013

YUBA COUNTY TREASURER

915 8TH ST STE 103

MARYSVILLE CA

95901 5273

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2013 TO: 9/15/2013

Total amount collected:	\$218,059,225.29	Percentage of collection:	0.11824948
Gross monthly apportionment:	\$25,785,390.00	County/City Ratio:	0.00354044

Gross Claim	\$	91,291.63
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	91,291.63
YTD Amount:	\$	91,291.63

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300060A

PAYMENT ISSUE DATE: 9/27/2013

BERKELEY CITY TREASURER

2081 CENTER STREET

BERKELEY CA

94704

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2013 TO: 9/15/2013

Total amount collected:	\$218,059,225.29	Percentage of collection:	0.11824948
Gross monthly apportionment:	\$25,785,390.00	County/City Ratio:	0.00143778

Gross Claim	\$	37,073.72
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	37,073.72
YTD Amount:	\$	37,073.72

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300060A

PAYMENT ISSUE DATE: 9/27/2013

LONG BEACH CITY TREASURER

333 W OCEAN BL

LONG BEACH CA

90802

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2013 TO: 9/15/2013

Total amount collected:	\$218,059,225.29	Percentage of collection:	0.11824948
Gross monthly apportionment:	\$25,785,390.00	County/City Ratio:	0.00644648

Gross Claim	\$	166,225.00
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	166,225.00
YTD Amount:	\$	166,225.00

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300060A

PAYMENT ISSUE DATE: 9/27/2013

PASADENA CITY TREASURER

PO BOX 7115

PASADENA CA

91109 7215

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2013-14

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 8/16/2013 TO: 9/15/2013

Total amount collected:	\$218,059,225.29	Percentage of collection:	0.11824948
Gross monthly apportionment:	\$25,785,390.00	County/City Ratio:	0.00212606

Gross Claim	\$	54,821.29
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	54,821.29
YTD Amount:	\$	54,821.29